## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

**Application or Docket Number** 

10/598,407

CLAIMS AS FILED - PART I  (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN R SMALL ENTITY	
U.S.	NATIONAL S	TAGE FEES	(Column)		(	Joint 2)		RATE	FEE		RATE	FEE
BASI	C FEE		SMALL ENT.	= \$ 150	LARGE ENT. = \$ 300			BASIC FEE		OR	BASIC FEE	300
EXA	MINATION FE	=	Satisfies PCT Art		All other situations = \$ 100 / \$ 200			EXAM. FEE			EXAM. FEE	200
SEAF	RCH FEE		U.S. is ISA = \$ ALL other cour \$ 200 / \$ 4	ntries =		her situations = 250 / \$ 500		SEARCH FEE			SEARCH FEE	400
FEE	FOR EXTRA S	PEC. PGS.	minu	s 100 =		/ 50 =		X \$ 125 =			X \$ 250 =	
тоти	AL CHARGEAE	ILE CLAIMS	26 min	us 20 =	. 6			X \$ 25 =		OR	X \$ 50 =	<i>3</i> 00
INDE	PENDENT CL	AIMS		inus 3 =	* /			X \$ 100 =		OR	X \$ 200 =	200
MUL.	TIPLE DEPEN	DENT CLAIM PR	ESENT	ENT				+ \$ 180 =		OR	+ \$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTAL		OR	TOTAL	1400
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							_	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	*	Minus	ıs ***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE					
		(Onlyman 4)		(Cal	.m.n. 2\	(Column 3)						
ZT B		(Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT		HIGI NUM PREV	IMN 2) HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMEN	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
		···					•	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. Barbara Campbell, PCT National Stage Division  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												